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Cornhusker Economics

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Cornhusker Economics Market Report	Year Ago	4 Wks Ago	11-29-19
<u>Livestock and Products,</u>			
<u>Weekly Average</u>			
Nebraska Slaughter Steers, 35-65% Choice, Live Weight.	*	107.00	*
Nebraska Feeder Steers, Med. & Large Frame, 550-600 lb.	171.18	156.05	154.65
Nebraska Feeder Steers, Med. & Large Frame 750-800 lb.	138.01	150.54	*
Choice Boxed Beef, 600-750 lb. Carcass.	213.39	223.08	232.36
Western Corn Belt Base Hog Price Carcass, Negotiated	49.01	*	*
Pork Carcass Cutout, 185 lb. Carcass 51-52% Lean.	67.30	75.00	81.44
Slaughter Lambs, woolled and shorn, 135-165 lb. National.	132.95	149.28	*
National Carcass Lamb Cutout FOB.	383.35	398.03	393.90
<u>Crops,</u>			
<u>Daily Spot Prices</u>			
Wheat, No. 1, H.W. Imperial, bu.	4.52	3.65	3.82
Corn, No. 2, Yellow Columbus, bu.	3.46	3.69	3.59
Soybeans, No. 1, Yellow Columbus, bu.	8.03	8.29	7.91
Grain Sorghum, No.2, Yellow Dorchester, cwt.	5.54	5.96	5.84
Oats, No. 2, Heavy Minneapolis, Mn, bu.	3.34	3.13	*
<u>Feed</u>			
Alfalfa, Large Square Bales, Good to Premium, RFV 160-185 Northeast Nebraska, ton.	*	*	175.25
Alfalfa, Large Rounds, Good Platte Valley, ton.	110.00	107.50	107.50
Grass Hay, Large Rounds, Good Nebraska, ton.	87.50	95.00	95.00
Dried Distillers Grains, 10% Moisture Nebraska Average.	150.00	145.50	156.50
Wet Distillers Grains, 65-70% Moisture Nebraska Average.	50.50	51.00	51.00
* No Market			

With the United States' ongoing presence in the Middle East and the ever-present possibility of future conflict, the commitment to tend to the unique needs of veterans returning from combat is an essential one. The number of veterans suffering from mental health issues, substance abuse disorders, and physical trauma continues to rise. With this comes an increased risk of Intimate Partner Violence (IPV), drug and alcohol abuse, and repeating criminal behavior, all of which increase the likelihood that veterans will find themselves involved in the criminal justice system at some point following their combat service.

Utilizing effective, reliable, and focused treatment, Veterans Treatment Courts (VTC) seek to address the unique needs that veterans face and ease this burden not only on the veterans themselves but also on their families and the communities within which they reside. As soldiers continue to return from combat zones, some for the second or third time, the criminal court system is likely to see growing trends of overdose, domestic violence, and reoccurring crime among the veteran population. Because of these challenges, it is important to determine the impact of VTCs on the community by examining how these programs may help to reduce recidivism, lower rates of IPV, and curb drug and alcohol addiction among veterans. A systematic review of the literature will reveal the available evidence on VTCs and make it more accessible to the decision makers.

Background

While there appears to be a renewed focus on the experiences of combat veterans post-9/11, the issues surrounding reintegration for military veterans date back generations. The idea that combat veterans face

unique struggles when returning from combat is not new and is not isolated to those who have recently returned home. The symptoms of Post-Traumatic Stress Disorder (PTSD), for example, may be experienced soon after returning home, but may not show for decades following service as was seen with veterans of the Vietnam War. According to Slattery, Dugger, Lamb, and Williams (2013), veterans who have been either discharged or have retired from combat in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) are twice as likely to be diagnosed with PTSD than those on active duty, which also suggests that there is a potential delay in the development of PTSD symptoms (Slattery et. al, 2013).

As stated by the Department of Veterans Affairs (VA), approximately 20 percent of veterans of OEF and OIF who are currently in the care of the VA suffer from symptoms of a mental health disorder, such as PTSD. Many combat veterans will not develop PTSD, but the longer and more frequent deployments experienced by vets post-9/11 combined with medical advances resulting in a greater survival rate from traumatic brain injuries (TBI) and other physical trauma, mean that more veterans are returning home with broken bodies and broken spirits (Cavanaugh, 2011).

As a stand-alone disorder, PTSD presents significant struggles for returning veterans. Unfortunately, PTSD is often associated with co-occurring issues such as substance abuse and IPV. According to the study done by Andrew Saxon and his team, veterans with positive PTSD screening not only consistently reported higher rates of involvement in the criminal justice system, but also reported more severe legal problems overall (Saxon et. al, 2001). IPV also tends to be more common among those with PTSD. Studies have shown that the relationship between IPV and PTSD is found consistently mostly due to the hyperarousal, anxiety, and general unease experienced by those with PTSD that lead to both general aggression and IPV (Tinney & Gerlock, 2014).

Veterans Treatment Courts

While VTCs are a relatively new approach to treating the effects of PTSD, substance abuse, and IPV because of their focus on combat veterans, the approach is not new and has been practiced for decades in various avenues. Drug treatment courts, domestic violence courts, and reentry courts have served as models for the VTCs that have been implemented over the last decade. Known as specialized courts, or problem-solving courts, these unique programs differ from the tradi-

tional criminal court model by focusing on a specific offense or offender and take an interdisciplinary approach to treat the underlying issues that cause an offender to interact with the criminal justice system (United States Courts Western District of Missouri, 2019).

The model that VTCs follow is a clear consolidation of the practices followed by drug, domestic violence, and reentry courts. And while many participants of VTCs will exhibit similar symptoms as civilians in other problem-solving courts and will likely experience similar interactions with the criminal justice system, these programs are equipped to manage the unique experiences of combat veterans. While combat veterans and civilian populations are both susceptible to PTSD, substance abuse, domestic violence, and criminal prosecution, the unique experiences and trauma that may lead to these struggles are what makes the unique treatment and camaraderie within VTCs potentially more effective. Additionally, with an ongoing presence in the Middle East and the potential for significant conflicts elsewhere around the world, the need to treat a growing population of combat veterans is increasingly relevant.

What the Literature Says

The systematic review of the literature has shown that the primary goal of VTCs from their inception has been to positively impact the rates of recidivism among combat veterans. The belief is that if veterans' unique needs can be addressed and the underlying issues treated, there will be more success in keeping them out of the criminal justice system in the future. The studies reviewed show that VTCs support the belief that offering veterans comprehensive rehabilitation to target recidivism, specifically substance abuse programs, counseling, and job placement programs (Hartley & Baldwin, 2019). Existing research on recidivism rates of VTC participants is somewhat lacking and difficult to measure with complete accuracy despite the rapid expansion of these courts across the United States (McCormick-Goodhart, 2013). Research through the U.S. Department of Veterans Affairs has confirmed that nearly 9 percent of veterans of OIF and OEF have been arrested since returning home (Huskey, 2015). Veterans returning from OIF and OEF are finding themselves involved in the criminal justice system because of the trauma they have experienced. This trauma can often manifest itself as PTSD, resulting in increased substance abuse, violence, and other criminal activity, and the

number of veterans incarcerated has been disproportionately high since the Vietnam War (Russell, 2015).

The rates of IPV across all of the branches of the military range from 13.5 percent to 58 percent, with physical violence accounting for approximately 90 percent of all spousal abuse cases in military families (Jones, 2012). There is very little concrete evidence to support VTC as an effective means to address IPV alone. While these programs do address many of the other elements of post-combat reintegration, such as PTSD, mental health, and substance abuse, they are often not equipped to deal with the safety concerns of IPV cases. Pamela Kravetz (2012) argues that the lack of a specific protocol and policy often leads to inconsistencies of treatment as well as creating or permitting dangerous situations for victims of IPV as well as the greater community (Kravetz, 2012). With very limited data and varying accounts of the success of IPV interventions, there is no concrete evidence to suggest that VTC can help reduce the rates of IPV among participants. Until such time that identified treatments are proven to be effective, it is likely that most IPV cases should continue to be handled by traditional criminal courts to ensure the safety of victims, alleged victims, and the greater community.

Substance abuse disorders are common among combat veterans and include a variety of disorders that include intoxication, withdrawal, and dependence on any number of substances, though alcohol, marijuana, and prescription medications are most common. At least 50 percent of incarcerated veterans are reported to have substance use disorders, while more than 80 percent of veterans have self-reported problems with drug use prior to incarceration (Finlay et. al, 2016). These numbers are alarming when looking at the rates of substance abuse among the civilian population, which is reported at just under 9 percent, and 26.5 percent for incarcerated civilians (Slattery et. al, 2013). With a population this significant, it is important to understand how best to approach treatment and rehabilitation. Because these programs are modeled after drug courts, which have been in place for two decades, there is a range of research on using this type of approach to treat those with substance abuse problems (Hartley & Baldwin, 2019).

The type of therapy used and the time passed since graduation from the VTC appear to have the most significant impact on recidivism rates. A 2003 study of over 2,000 graduates of drug court found a 27 percent recidivism rate two years after graduating from the program. Similarly, a recidivism rate of 11.4 percent was found in VTC graduates two years following their graduation. The rate

of recidivism has been found to increase with passing time, as this same study has shown that the recidivism rate for graduates had increased to 20 percent three years after graduating from the VTC program (Hartley & Baldwin, 2019). Pharmacotherapy also appears to be particularly successful in helping VTC programs treat those with substance use disorders. While this therapy is most effective for those suffering from opioid abuse, research shows that it can be impactful for those suffering from alcohol and other drug addiction as well and can help program participants reintegrate into their communities without further incarceration for substance abuse (Finlay et. al, 2016).

Nebraska Veteran Treatment Courts

The first Veterans Treatment Court opened in Buffalo, NY in 2008. In Nebraska there are two courts, one in Douglas County and one in Lancaster County that were introduced in 2016 and 2017, respectively. According to the Department of Veteran Affairs, in 2016 there were 135,983 military veterans in Nebraska, about 51,000 of them resided in Douglas and Lancaster counties, leaving a large part of the Nebraska veteran population with no access to VTCs.

The Nebraska Veteran Treatment Courts operate an 18- to 24-month intervention program, which provides supervision and treatment for veterans. The approach is led by a team composed of a judge, a public defender, a prosecutor, a Veterans Health Administration representative, and others who volunteer their time as part of their normal duties, making the program very cost-effective when compared to incarceration. In 2018, the Nebraska prison population was 11,000, with military veterans making up approximately 8 percent of the population. Rainey's study of Nebraska Problem-Solving courts mentions that Nebraska spends \$38,627 per year to incarcerate an offender, while the annual cost per participant in a problem-solving court is \$2,865 (Rainey, 2019).

As the need for these programs continues to expand and serve an increasingly diverse population of combat veterans, their potential success may depend heavily on research studies that could potentially support their goals. Additional funding will depend on empirical and reliable statistics to prove that VTCs are successful and that the benefits outweigh any identified risks. An identified barrier at this time is the lack of uniform measurement for each VTC. Until standards can be implemented that facilitate a true, randomized review of a sufficient population

over time, results of the research may be purely correlational or speculative. Long term studies will be needed to determine if the success of VTCs is purely correlational, or if there is a direct cause and effect link between VTCs and the success of program graduates as they reenter civilian life.

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